

**APPLICATION FOR THE ADMINISTRATION OF BLOCK/INFILTRATION
ANESTHESIA AND NITROUS OXIDE BY DENTAL HYGIENISTS**

Fee paid _____

Date paid _____

Approval Date _____

Fill out the information below and send application and the \$30.00 application fee to:

**KENTUCKY BOARD OF DENTISTRY
312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE, KENTUCKY 40222
PHONE: 502/429-7280**

**CERTIFICATES WILL BE MAILED WITHIN 10 DAYS AFTER RECEIPT OF
COMPLETED APPLICATION.**

Last Name _____ First Name _____ M.I. _____

Kentucky License Number: _____ Social Security Number: _____

Current Mailing Address:

Street/Box _____ City _____ State _____ Zip _____

Daytime Phone: _____ Evening Phone: _____

SCHOOL AND GRADUATION DATE: _____

ANESTHESIA COURSE TAKEN: _____ DATE _____

By signing this application, I hereby certify that the information provided is complete and true to the best of my knowledge. I understand that failure to comply with 313.343 and 201 KAR 8:460 subjects my license to disciplinary action.

Application must be signed and dated to be valid.

Signature

Date

NOTE: A CERTIFICATE HOLDER WHO, DURING THE PREVIOUS YEAR, FAILS TO ENGAGE IN THE PRACTICAL APPLICATION OF BLOCK/INFILTRATION ANESTHESIA OR NITROUS OXIDE SHALL COMPLETE THE REQUIRED CONTINUING EDUCATION COURSE FOR RE-CERTIFICATION PER 201 KAR 8:460 SECTION 7 AND SECTION 8.